**Arizona State
Board of Cosmetology**

Sue Sansom, Executive Director

1721 East Broadway • Tempe AZ 85282
Phone 480.784.4539 • Fax 480.784.4962
www.azboc.gov

Public Records Reproduction Request

Thank you for your request for Board of Cosmetology information. Please, follow each step below:

1. **Read all information carefully.**
2. **Complete the Public Records Reproduction Request (page 2)**
3. **Complete the attached order form (page 3) and submit $25.00 money order for programming fee (non-refundable).** Records may be requested by zip code, city or statewide. If you request statewide, it will be costly. Cost will vary to each zip code area. The information that is provided is only the name, address, city, state and zip code. No phone numbers will be provided.
4. **After the list has been compiled, an invoice will be sent out for the total amount due.** All fees are non-refundable:
   a. **Listing fee:** $15.00 for each type selected (cosmetology, nail technician, aesthetician, etc.)
   b. **Per name:** $0.035
   c. **Media available: Listing (print out only) or CD-ROM (Excel format)**

*NEW CHANGE: MAILING LABELS are not available, do to postage cost increase.
   *This information will be listed on the invoice. Submit money order or cashier's check (non-refundable) payable to Board of Cosmetology. ***NO CHECKS*** will be accepted for orders

Please allow 3-4 weeks for processing time. Orders awaiting return of final fees after billing will be held for **60 days** after which they will become null and void. After that 60 day period, order must be re-initiated.

Please make your selections on the attached order form and return it to us along with the $25 programming fee and the completed Public Records Request form to the address on the letterhead. We will then program your order obtaining the total counts and amount due based upon your order form. You will then be contacted with the total amount of order and balance due.

Separate listings require separate programs and a programming fee is required for each program selected.

Arizona State
Board of Cosmetology

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Phone (480) 784-4539 Fax (480) 784-4962
www.cosmetology.state.az.us

Public Records Reproduction Request

The following form may be used to order a print out of names or computer disc (CD – Excel format). Complete both pages. After we receive your request, an invoice will be mailed to you, and upon receipt of a money order, the requested material will be sent to you. (This list will **only** show: name, address, city, state and zip code) All fees are non-refundable.

This document represents the statement of   _____
<div align="center">(print name of requesting party)</div>
submitted to the Arizona State Board of Cosmetology requesting that the records custodian provide reproduction of the public records specified herein. Records may be requested by zip code, city or statewide. Indicate the records you wish to have reproduced on the attached Order Form.

State specifically the purpose for the listing below:

_____

_____

_____

I, _____, declare that I have read the information and instruction sheet accompanying this form and understand the contents therein. I further declare that the information or reproduction of the public records described above which I have requested is to be used solely for:

_____ Non-Commercial Purpose   _____ Commercial purpose

I further declare that such information or reproduction will not be used directly or indirectly for a different purpose other than described above. I further declare under penalty of perjury that the foregoing is correct and true.

_____   _____
Requesting Party's Signature:

                                                                        _____
                                                                        Address:

ORDER FORM

CATEGORY SELECTION: $15.00 EACH

PERSONAL LICENSEES: (Estimated 87,000 Arizona licenses for personal & salon)

_____ Aesthetician   _____ Aesthetics Instructor
_____ Cosmetologist   _____ Cosmetology Instructor
_____ Nail Technician   _____ Nail Instructor

SALONS   **SCHOOLS**
_____ Aesthetic salons   Check: www.azboc.gov under schools
_____ Cosmetology salons
_____ Nail salons

SORT BY: (select only one)

_____ Sort alphabetically by name
_____ Sort alphabetically by city
_____ Sort by zip code ascending

AREA REQUESTED: (select only one) each name is $0.035

_____ Cities (List cities alphabetically on the back)
_____ Statewide (all) *(remember ordering a full list can be costly)*
_____ Zip code (list all zip codes requested on back)

REPORT FORM: (select only one)

_____ Listing (just a print out of information)
_____ CD-ROM (Excel format)

Information given: Name, address, city, state, zip code. NO phone numbers

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ORDER IS TO BE:	**CONTACT INFORMATION**
_____ Mailed	Name: _____
	Address: _____
_____ Picked Up	City: _____ St: ____ Zip: _____
	Phone (_____) _____
	Fax (_____) _____